

MEMBERS ALLOWANCE CLAIM FORM

For the Month of MARCH 2017



Name Jo SANDAUS

DUTIES			ALLOWANCE CLAIMED			
Date	Description	Place	Place & Time of Departure	Place & Time of Return	Return Car Mileage	Fares & Other Payments/ Subsistence
9.3.	PLANNING TRAINING PLANNING MEETING.	DERBYSHIRE	NONE 12. PM.	NONE 5.30 PM.	12.	
15.3.	EXECUTIVE BOARD Mtg.	" "	NONE 8.30 AM.	NONE 8. AM.	12	
23.3.	LICENSING SUB COMMITTEE Mtg	" "	NONE 1. PM.	NONE 3.30 PM.	12.	
30.3.	ENFORCEMENT TRAINING.	" "	NONE 5.30 AM.	NONE 8.30 AM	12	

58. £

The front of this claim form will be available for members of the public to view

NB: PLEASE COMPLETE AND SIGN THE DECLARATION OVERLEAF

